

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John J McGraw MDMailing Address The Knoxville Ortho Clinic
120 Hospital Dr Ste 120

City	State	Zip Code
Jefferson City	TN	37760-5285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Knoxville Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

Transaction ID : A135C1076492B44E3B04

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Duncan McKeever MD

Mailing Address 434 Grant Pl

City	State	Zip Code
Corpus Christi	TX	78411-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christus Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

Transaction ID : A64D9CEB9439F48AF938

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Michael R McLean MDMailing Address PO Box 632749
1300 Mound Street

City	State	Zip Code
Nacogdoches	TX	75961-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

Transaction ID : A8C468FBD576C454FBA3

Amount of Each Receipt this Period

380.00

SUBTOTAL of Receipts This Page (optional)..... ►

930.00

TOTAL This Period (last page this line number only)..... ►